

Customer ServiceOffice location - 7447 E. Indian School Road, 110
Scottsdale, Az. 85251

or

9379 E. San Salvador Dr., #100
Scottsdale, AZ 85258

Telephone - (480) 312-2400



ALARM USER PERMIT APPLICATION

FOR CASHIER USE ONLY**SECTION I. OFFICE USE ONLY**

ACCOUNT NUMBER BILL OR NO BILL

ALARM USER FEE: **\$10.00**

Make Check Payable To: City of Scottsdale

SECTION II. USER NAME, ADDRESS, TELEPHONE AND OPERATIONAL DATE

APPLICANT/ALARM USER (If business enter name of business)															Area Code			Telephone No.				
STREET NO. (N,E,S,W) STREET NAME															Type (ST.DR.AV.)		STE./APT. NUMBER			BLDG. NUMBER		
City State ZIP															Date: (Alarm Made Operational)							
Type: Business Residential																						

SECTION III. USER MAILING ADDRESS (If different than above)

STREET NO. (N,E,S,W) STREET NAME															Type (ST.DR.AV.)		STE./APT. NUMBER			BLDG. NUMBER		
City State ZIP Area Code															Emergency Number							
IN CARE OF NAME																						
APPLICANT NAME (If a Business)																						

SECTION IV. RESPONSIBLE REPRESENTATIVES

List two responsible representatives (other than the applicant) who will respond to the premises of an activated alarm system in order to be available to assist the Police or Fire Department in determining the reason for the alarm activation and secure the premises with no unreasonable delay.

NAME															STREET NO. (N,E,S,W)			STREET NAME				(Area Code)		Telephone Number			
NAME															STREET NO. (N,E,S,W)			STREET NAME				(Area Code)		Telephone Number			

SECTION V. ALARM INSTALLATION AND/OR MONITORING COMPANY

INSTALLED BY: NAME:															DATE INSTALLED:					
ADDRESS:																				
STREET NO. (N,E,S,W) STREET NAME															(Area Code)		Business Telephone No.			
City State ZIP																				

IF ALARM IS MONITORED, ALARM MONITORING COMPANY INFORMATION

NAME															TELEPHONE:							
STREET NO. (N,E,S,W) STREET NAME															City		State		ZIP			

SECTION VI. TYPE OF ALARM (Check all that apply)

- | | | | |
|--------------------------------------|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> SILENT | <input type="checkbox"/> FIRE | <input type="checkbox"/> DIGITAL |
| <input type="checkbox"/> PANIC ALARM | <input type="checkbox"/> AUTO DIALER | <input type="checkbox"/> MONITORED (check this box if any alarms are monitored) | |

INFORMATION CONTAINED IN THIS APPLICATION SHALL BE CONFIDENTIAL AND RESTRICTED TO INSPECTION BY CITY REPRESENTATIVES. I CERTIFY THAT THE STATEMENT MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT MY ALARM SYSTEM HAS BEEN INSPECTED AND, IF NECESSARY, MAINTAINED BY A LICENSED ALARM BUSINESS OR THE PRIMARY USER OF THIS SYSTEM AND I HAVE BEEN INSTRUCTED ON HOW TO USE THIS SYSTEM.

DATE:

SIGNATURE OF USER: